

**Public Education Employees'
Health Insurance Plan (PEEHIP)**
Supplemental Coverage Plan
Group 61000

Effective October 1, 2006

Important Information Regarding Your PEEHIP Supplemental Coverage Plan:

- **All PEEHIP Group #14000 exclusions and limitations such as waiting periods, precertification requirements, visit maximums, procedure limitations, age limits, etc. will apply in addition to the exclusions and limitations of the primary insurance coverage.**
- You **must** have a primary insurance plan to be eligible for the PEEHIP Supplemental Coverage Plan.
- The PEEHIP Supplemental Coverage Plan only **supplements** your primary insurance plan by covering the copay, deductible and/or coinsurance of your primary insurance plan **or** the preferred/participating allowance, whichever is less.
- To be eligible for reimbursement under the PEEHIP Supplemental Coverage Plan, the primary insurance plan must have either **1)** applied the eligible charges to the deductible, or **2)** made primary payment for the services rendered.
- For inpatient mental health and substance abuse services, there is a maximum allowance of 30 total days per member per plan year. Substance abuse services are also limited to 1 admission per member per plan year and 2 admissions per lifetime.
- For outpatient mental health and substance abuse services, there is a maximum allowance of 10 visits per member per plan year.
- The PEEHIP Supplemental Coverage Plan will not pay for amounts in excess of the allowed amount for services rendered by a non-preferred provider, amounts in excess of the maximums provided under the primary insurance plan, any services denied by the primary insurance plan, or any penalties or sanctions imposed by the primary insurance plan.
- When services are rendered by a Blue Cross and Blue Shield preferred provider in Alabama, the provider should file the claim for you and payment will be made to the provider. If your primary insurance plan requires an office copay, this means the PEEHIP Supplemental Coverage Plan will reimburse that office copay to the preferred provider.
- In some cases, when a non-preferred Blue Cross and Blue Shield provider in Alabama is used, the subscriber may be required to file the claim. For claims filed by subscribers, an Explanation of Benefits (EOB) from the primary insurance plan must be submitted along with your claim for consideration of benefits under the PEEHIP Supplemental Coverage Plan.
- Only active and Non-Medicare retiree members will be eligible for the PEEHIP Supplemental Coverage Plan. There will be no premium.
- An active or Non-Medicare retiree member may enroll in the PEEHIP Supplemental Coverage Plan at any time, subject to Federal Tax regulations, by submitting a new enrollment form to PEEHIP.
- Eligible active and Non-Medicare retiree members who enroll in the PEEHIP Supplemental Coverage Plan may reenroll in the PEEHIP Hospital/Medical Plan during the annual Open Enrollment period.
- Special Enrollment back into PEEHIP Hospital/Medical Plan is available for all members who lose their other group health insurance coverage, provided notice is furnished to PEEHIP within thirty (30) days of loss of other Group Health Insurance Coverage in accordance with HIPAA requirements, or during open enrollment.
- The PEEHIP Supplemental Coverage Plan would never be secondary or a supplemental plan to Medicare. In addition, PEEHIP members cannot have the PEEHIP Hospital/Medical Plan or the State Employees Health Insurance Plan or State Employees Local Government Plan as primary and the PEEHIP Supplemental Coverage Plan as secondary.
- Remember to show your health care provider **both** your primary insurance plan ID card and your PEEHIP Supplemental Coverage Plan ID card so that they can verify your benefits and make a copy of your ID cards for their office file.
- If you have questions regarding your PEEHIP Supplemental Coverage Plan benefits, please call **1 800 327-3994**.
- If your health care provider needs to verify your PEEHIP Supplemental Coverage Plan benefits, they should call **1 800 517-6425**.

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Health

SERVICES	BENEFIT
Inpatient Facility Charges for Medical Services	The coinsurance, deductible and/or copays of the primary insurance <u>or</u> the preferred/participating allowance, whichever is less
Inpatient Facility Charges for Mental Health and Substance Abuse Services	The coinsurance, deductible and/or copays of the primary insurance <u>or</u> the preferred/participating allowance, whichever is less; limited to 30 total days per member per plan year. Substance abuse services are also limited to 1 admission per member per plan year and 2 admissions per lifetime.
All Other Covered Services (inpatient physician visits, outpatient facility charges, office visits, laboratory expenses, drugs, etc.)	The coinsurance, deductible and/or copays of the primary insurance <u>or</u> the preferred/participating allowance, whichever is less; limited to 10 visits per member per plan year for outpatient mental health and substance abuse services.

All PEEHIP Group #14000 exclusions will apply.

These exclusions and limitations include but are not limited to the exclusion of Viagra and limitation on infertility drugs.

All Primary Insurance Plan exclusions will apply.

All benefit payments are based on the amount of the provider's charge that Blue Cross recognizes for payment of benefits. The allowed amount may vary depending upon the type provider and where services are received.

The actual payment under the plan will be limited to the lesser of the plan benefit or allowed amount.

This is not a contract. Benefits are subject to the terms, limitations and conditions of the group contract.

Group #61000 LW
Revised 06/13/06 RM